[Interventional Management]
Procedural step:
Right internal iliac artery was selected with 5 Fr multi-purpose catheter under 035-inch guidewire and it was occluded with 8-mm Amplatzer vascular plug. Main body (Gore Excluder 23-14-12 mm) was deployed through the left common femoral artery (CFA) sheath (16 Fr). Right leg body (Gore Excluder 16-10-7 mm) was deployed through the right CFA sheath (12 Fr). Right leg body extension (Gore Excluder 12-14 mm) was finally deployed. Adjuvant PTA balloon (32 mm) was inserted and inflated at stent graft several times. Final angiography showed good position and no leakage at both main body and right leg body. Also, there were no differences in blood pressure between the two arteries distal to the leg bodies.

Case Summary:
We successfully treated the isolated IAA with a small aorta at the bifurcation level with endovascular treatment.

TCTAP C-186

Bilateral Renal and Common Iliac PTA with Combined Femoral and Radial Approach in Patient with Multiple Co-morbidities

Amit Hooda, Purendra K. Pati
Christian Medical College Hospital, Vellore, Tamil Nadu, India

[Clinical Information]
Patient initials or identifier number:
SD
Relevant clinical history and physical exam:
A 61/M Uncontrolled DM II-13 yrs HTN-6 yrs, chronic smoker
Old IWMI, claudication bilateral lower limbs with non-healing right foot ulcer
Absent lower limb pulses except femorals which are feeble
Relevant test results prior to catheterization:
S.Cr-1.61mg/dl, eGFR-40 mL/min/1.73 m2
ABI R-0.21, L-0.43
Relevant catheterization findings:
Triple vessel coronary artery disease with severe diffuse peripheral arterial disease and bilateral renal artery stenosis
[Interventional Management]
Procedural step:
1. B/L RENAL PTA
7F Left transfemoral and 6F Left radial access
Heparin- 100 units/kg
Wire couldn't be negotiated through the iliac plaque
Lesion crossed from above, wire exteriorized and a 7F JR guide was used to engage Rt renal
Predilation-2.75, 4 mm balloon at 10 atm
7 x 12 mm Herculink (Abbott Vascular, Santa Clara, CA) at 12 atm
Post dilated to 14 atm
Left renal artery stented with 5.5 x 10 mm Herculink (Abbott Vascular, Santa Clara, CA) at 10 atm
Post dilated to 14 atm
2. CIA PTA
The tight right common iliac lesion was crossed and an ASS with 1 m ST was inserted. A 9 x 80 mm self expanding stent Absolute pro (Abbott Vascular, Santa Clara, CA) was taken across and was deployed under fluoroscopy. The original stented segment post dilated by 5 x 40 mm balloon at 12 atm. Good result.
The left Common iliac was stented by another 9 x 60 mm self expanding Absolute pro stent (Abbott Vascular, Santa Clara, CA) deployed under fluoroscopy. Post dilated by 7 x 20 mm balloon at 14 atm. Good result.
Case Summary:
A 61/M chronic smoker, hypertensive with uncontrolled diabetes mellitus II and nephropathy presented with severe peripheral arterial disease and bilateral renal artery stenosis. He was refused for surgery in view of comorbidities. Renal artery stenting was done using combined radial and femoral approach with judicious use of hydration and contrast.

TCTAP C-187

A Stent Fracture Disrupted Pseudoaneurysm over Second Year After Self-expandable Stents Implantation in Superficial Femoral Artery

Tetsuo Horimatsu
Hyogo College of Medicine, Japan

[Clinical Information]
Patient initials or identifier number:
B.Y
Relevant clinical history and physical exam:
A 89-years-old man, who had hypertension, presented with swelling of his left thigh after rehabilitation. Four years ago, the patient underwent primary stenting of the left SFA to treat total occlusion (TASC D) with four overlapping self-expandable stents (Smart, Cordis), and two years ago, added one stent because stent occlusion at ostium of SFA.
Relevant test results prior to catheterization:
ABI was 0.94 on left side. Blood examination showed progression of anemia. Contrast CT showed a huge hematoma in the left thigh and leakage of contrast agents from SFA.
Relevant catheterization findings:
Initial angiogram showed a stent fracture at mid portion of SFA and leakage of those.
[Interventional Management]
Procedural step:
First, Balloon angioplasty performed to hemostasis in lesion with 7*40mm (Bandicoot, St.Jude Medical), but it was occluded with thrombus. Therefore, we attempted to thrombectomy with fogarty catheter. An aneurysm was directly observed in 10cm distal from femoral bifurcation. When dissecting the aneurysm, it was confirmed thrombus mixed fresh and organized, fractured stent struts and lacerated foramen. Thrombectomy was performed through the foramen with fogarty catheter, and the fractured stent struts were resected. After the foramen was repaired with patch, final angiogram showed no distal embolism.